

### Southern Tier Building Trades Benefit Plan

**This handout is not the Summary Plan Description, It is intended to highlight the benefit plan provided by the Southern Tier Building Trades Benefit Plan. The Summary Plan Description outlines in detail all benefit provisions and exclusions.**

Calendar Year Deductible	\$300 per Individual \$600 per Family	
Co-Insurance Percentage (Unless otherwise specified)	20%	
Out of Pocket Maximum	\$2500 per Individual \$5000 per Family	
Dependent Age Limits	All unmarried dependent children are covered to age 26.	
Lifetime Maximum	none	
Yearly Maximum	none	
Hospital Pre-Certification	None	
Allergy Injections	80% after deductible	
Acupuncture	Not Covered	
Ambulance	80% after deductible	
Cardiac Rehabilitation	80%	
Chiropractic Care	\$40.00 per visit no deductible	Limited to 12 visits per calendar year
Durable Medical Equipment	80% after deductible	
Emergency Room Physician	80% after deductible	
Emergency Room	80% after deductible	
Hospice Care	Not covered	
Hospital Physician Visits	80% after deductible	
Hospital Room, Board, Services and Supplies (Non-Mental Illness/Substance Abuse Diagnosis)	\$200.00 co-payment In-Network Hospital	\$500.00 co-payment Out-of-Network Hospital
Contraceptive Methods for Women	100%	Subject to prior approval
Laboratory Charges	80% after deductible	
Mammography	80% after deductible unless routine then 100% no deductible	
Maternity	100% of the Reasonable and Customary Charge or the physicians lesser billed charge	Note, diagnostic x-rays, laboratory tests are paid at 80% after deductible
Mental Illness	Not covered	
Office Visits	80% after deductible	
Organ Transplants	*See Surgery coverage	
Pap Smear (Routine)	*See Routine coverage	
Physical Therapy	80% after deductible	
Occupational Therapy	80% after deductible	
Speech Therapy	Not covered	

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Podiatry Care	*See Office Visits, Surgery	
Pre-Admission Testing	80% after deductible	
Prescription Drugs – Retail Pharmacy	\$5.00 Generic \$15.00 Preferred Drug \$30.00 Non-Preferred Drug	Limited to 34-day supply
Prescription Drugs – Mail-In	\$12.50 Generic \$37.50 Preferred Drug \$75.00 Non-Preferred Drug	Limited to 90-day supply
Private Duty Nursing	80% after deductible	Limited to Registered Nurse on the recommendation of a physician.
Radiation and Chemotherapy Treatment	80% after deductible	
Routine Physical & Well Child Care	100% no deductible	
Second Surgical Opinion	80% after deductible	
Skilled Nursing Facility	Not covered	
Substance Abuse	Not covered	
Surgical Facility Out- patient	80% after deductible	
Temporomandibular Joint Disorders	Not covered	
Hearing Aids	80% after deductible	Limit \$5,000 every 5 years
X-Ray and Laboratory	80% after deductible	
Arch Supports	80% after deductible	Limit \$1,000 every 5 years
Cranial Hair Prosthesis	80% after deductible	Limit \$500 life-time
Vision Care Benefits	100% eye exam  100% of first \$300.00 then 10% thereafter	Limited to every 12 consecutive months. Frames/contact lenses
Surgery	100% no deductible	Limited to Reasonable & Customary Charge or the physicians lesser charge